

School Age Community (SAC)

CONTACT INFORMATION

This individual will be listed as the primary contact person for the SAC grant award period. By signing this page, contact person understands that all correspondence, requests for information, updates, etc. concerning the approved grant will be directed only to them from the state agency *via email*. This person will be responsible for notifying any and all staff of appropriate grant information received from the state agency pertaining to the grant award. If any contact information changes, please resubmit this form for revision.

Please print (clearly):

Grantee Name: _____
(This should be the name of the district/agency that was awarded the grant or the vendor/applicant name.)

Cohort #: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Inscription: _____ First Name: _____ Last Name: _____

Title: _____

Organization/Agency: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (____) _____ Fax Number: (____) _____

Email Address: _____

Contact Person's Signature: _____

Signature Date: ____/____/____
Month Day Year

Please return this form to:

Afterschool Program Supervisor / SAC
Community Education
Department of Elementary and Secondary Education
P.O. Box 480
Jefferson City, MO 65102-0480
Fax: (573) 526-4261